

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

The time in	init for cor	recur	on of each violation is specified in the narrative portion of this	s report.				
Establishm		.,	TA ET	Telephone Number	Date of In (mm/dd/y		PERMIT #	
			· <u> </u>	812 923 7757	z //-	120	19-260	
		•	mber and street, city, state, zip code)	812 945 3096	3/6	120		
	VAY 1	<u>(4.</u>	Flights Karbs, IN 47119			I n i	<u> </u>	
		٤P	F 2 marts INC/)- soph Prese	Purpose: Routine	Follow-up Release Date NO TODAY			
Owner's A	ddress			2. Follow-up Summary of Violations:				
Person in C	harge h Ba	Ker		Complaint Pre-Operational Temporary	c	C NC R		
Responsibl	e Person's	E-ma	31	6. HACCP Menu Type (See back of page)			of page)	
Certified F	ood Mana	ger Kes	(1/8/z 5)	7. Other (list)	12	X 3	_45	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATIO	ON(S) REPI	EATEI	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ND IN THE	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
187	С		Measured breakfast items in het helding at 105 F			Discorded		
245	NC						Corrected	
259	NC		Observed hot holding unit (set to 150°) unable to maintain temp Before using again					
297	7C		Observed build-up on coffee filter bulbs and threads Corrected				hd'	
309	NC		Observed missing cuiting exhaust over entitle service area / week				ek	
324	NC	R	Observed tank lid missing from menen's restrict to I week					
430	NC	<u> </u>	Observed (3) shared cailing tiles our coffee service area / week					
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	<u> </u>							
Received by	y (name an	d title	printed):	Inspected by (name and title p	orinted):			
Sa	rah t	zar	KEY Manager	A.J. J	Engran	(EHS))	
Received by	y (signature	;):	KEY Manager	Inspected by (signature):	7	•		
Sa	<u>e</u> C	2	Ache		<u> </u>	4		
cc:			ce:		ec:			